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ORIGINAL ARTICLE

The Mediating Role of Avoidant and Facilitative Coping on the Relation Between Discrimination and Alcohol Use Among Transgender and Gender-Diverse Individuals

Louis Lindley[1,*] and Loren Bauerband[2]

Abstract

Purpose: The motivational model of alcohol use indicates that there is a relation between chronic stress and alcohol use, and that this relation is mediated by substance use to cope. However, this model has not been applied to the experiences of transgender and gender-diverse (TGD) individuals. In response, this study investigated whether facilitative (e.g., active and interpersonal coping) and avoidant (e.g., cognitive avoidance and substance use to cope) coping mediate the relation between discrimination and alcohol use.

Methods: Participants include 496 TGD individuals (97 trans women, 126 trans men, and 273 nonbinary), 18–68 years of age (mean = 32.09 and standard deviation = 12.47), who completed a survey about health behaviors and stress. An exploratory factor analysis and confirmatory factor analysis of the Brief Coping Orientation to Problems Experienced (COPE) were conducted to determine the coping patterns of TGD individuals and multiple mediation analyses were conducted to examine whether distinct coping strategies mediated the relation between discrimination and alcohol use.

Results: Both facilitative and avoidant coping strategies were significantly related to discrimination; however, only active coping and substance use to cope were related to alcohol use. Mediation results showed that substance use to cope (i.e., an avoidant coping strategy) was the only significant mediator. Descriptive results showed nonsignificant differences between TGD gender identities regarding levels of alcohol use and engagement with coping strategies.

Conclusion: The results indicate a clear need for interventions to reduce utilization of avoidant coping strategies among TGD individuals.

Keywords: coping; motivational model of alcohol use; nonbinary; transgender

Introduction

There are disproportionately high rates of alcohol use among transgender and gender-diverse* (TGD) individuals.[1–4] A systematic review of nonrandom studies investigating alcohol use among TGD individuals found hazardous drinking rates to be between 47% and 48%, which is significantly higher than the estimate of 17% of adults in the United States.[2,5] The motivational model of alcohol use indicates that there is a relation between chronic stress and alcohol use where individuals attempt to avoid their distress by consuming alcohol. Furthermore, the model indicates that this relation is mediated by substance use to cope.[6] However, this model has yet to be applied to TGD individuals who experience chronic stress in the form of gender-based discrimination due to societal stigma.

In addition, no research has investigated how coping strategies other than substance use to cope are related to alcohol use among TGD individuals. In response,

*Transgender and gender diverse, as it is used in this article, refers to all noncisgender identities (e.g., trans man, trans woman, nonbinary).

[1]Department of Counseling Psychology, University of Wisconsin–Madison, Madison, Wisconsin, USA.
[2]Department of Health Sciences, University of Missouri, Columbia, Missouri, USA.

*Address correspondence to: Louis Lindley, MA, Department of Counseling Psychology, University of Wisconsin–Madison, 1000 Bascom Mall, Room 335, Madison, WI 53706, USA, E-mail: llindley2@wisc.edu

this research investigates how the motivational model of alcohol use applies to the experiences of TGD individuals and how facilitative and avoidant coping strategies may mediate the relation between gender-related stress and alcohol use.

Motivational model of alcohol use

The motivational model of alcohol use indicates that individuals consume alcohol in response to chronic stress with the intent to regulate affective states.[6,7] Accordingly, the elevated rates of alcohol use among TGD individuals are likely reflective of the unique chronic gender-related stress TGD individuals experience due to societal stigma, such as discrimination in health care, education, and employment, as well as verbal harassment, physical assault, and identity invalidation.[8–13] Owing to TGD individuals frequently experiencing direct discrimination and violence, the relation between discrimination and alcohol use is well documented.[14,15]

Results from numerous studies have indicated that experiences of discrimination are associated with increased alcohol use and that the relation is incremental, such that more discrimination increases the likelihood of alcohol use.[16–18] While the motivational model of alcohol use indicates a direct relation between stress and alcohol use, it also signifies that the relation is mediated through coping.[6] Therefore, attention should be given to understanding the ways coping strategies may explain why TGD individuals often respond to experiences of discrimination with elevated alcohol use.

Mediating role of coping

The ways in which TGD individuals cope with gender-related stress (i.e., discrimination) can have either positive or negative impacts on their mental health. In general, there are two categories of coping strategies that individuals can engage in when distressed: avoidant and facilitative.[19] Avoidant coping involves distancing oneself from the experience of distress or from thinking about distress.[20] Facilitative coping is action oriented and often involves attending to the problem or altering the environment that is causing distress.[21] When faced with discrimination, TGD individuals engage in a range of both facilitative and avoidant strategies, and as individuals experience greater amounts of discrimination, they may engage in diverse coping responses.[22–26]

Of the coping strategies, the avoidant strategy of substance use to cope is consistently a predictor of alcohol use for TGD individuals, with individuals reporting the use of alcohol to cope with the high level of unique stressors related to their gender.[15,27–30] However, there may be important differences across TGD identities regarding substance use to cope. Staples et al. found nonbinary participants had the strongest association between substance use to cope and hazardous drinking, whereas Lindley et al. found nonsignificant differences between gender.[30,31] These conflicting findings indicate a need to understand how avoidant coping may be utilized differently between TGD identity groups.

Research with cisgender individuals has indicated a negative association between facilitative coping strategies and alcohol use; however, these relations have not been tested in TGD-specific samples.[32–35] Nonetheless, TGD individuals have reported utilizing facilitative coping (i.e., cognitively reframing the situation or seeking social support) to deal with the distress of experiences of discrimination.[24] Yet, when quantitative models test the relation between facilitative coping and psychological outcomes, the results are often not significant.[19,26] This should not be taken to mean that facilitative coping does not have a positive effect on psychological distress, but rather that it does not significantly increase distress like avoidant coping and may impact behavioral well-being, outside of psychological distress. As such, there is a need to understand if facilitative coping strategies are related to behavioral distress (e.g., alcohol use) for TGD individuals.

Statement of the problem

In alignment with the motivational model of alcohol use, this study investigated how discrimination is related to alcohol use and whether coping strategies explain the relation. Given the relation between experiences of discrimination and alcohol use and the relation between both avoidant and facilitative coping strategies and alcohol use, it was hypothesized that avoidant coping strategies (i.e., cognitive avoidance and substance use to cope) would positively mediate the relation between perceived discrimination and alcohol use and facilitative coping strategies (i.e., active and interpersonal) would negatively mediate the relation.[14,15,27–29,32–35] In addition, it was hypothesized that there would be a significant difference in levels of alcohol use and substance use to cope between TGD gender identity groups (e.g., trans men, trans women, nonbinary) as prior research

has indicated that these different TGD gender identity groups may engage alcohol use and coping strategies differently.[30,36]

Methods

Participants

Five hundred and seven TGD participants initiated the survey; however, 11 participants did not provide answers for any question regarding discrimination and were removed. This resulted in a final sample size of 496 TGD participants (97 trans women, 126 trans men, and 273 nonbinary). Age ranged from 18 to 68 years (mean = 32.09, standard deviation [*SD*] = 12.47) and the sample had limited racial/ethnic diversity, with 79.4% of the sample identifying as White. Table 1 includes further demographic information.

Procedure

This study was approved by the Institutional Review Board at the University of Rhode Island. Adults with sexual and gender minority identities were recruited from announcements posted to social networking websites targeting sexual and gender minority communities. Participants most frequently accessed the survey through Facebook and Reddit posts. To begin the survey, participants completed a consent form that included indicating whether they were a gender minority and/or sexual minority and older than 18 years. Next, participants were presented with demographics questions, including current age, sex assigned at birth, highest level of education, race/ethnicity, and gender and sexual identity.

Finally, participants were presented with measure items. The median time taken to complete the study was 20.6 min. To ensure data quality, participants' reported gender identity was compared with their endorsed sex assigned at birth to check for congruence (i.e., if trans man was selected, assigned female at birth was also selected). Only respondents who indicated they were TGD were included in these analyses.

Measures

Discrimination. The Everyday Discrimination Scale (EDS) was used to assess participants' experiences of

Table 1. Participant Demographics

Demographic variable	Trans women (*n* = 97)	Trans men (*n* = 126)	Nonbinary (*n* = 273)	Total (*N* = 496)
Mean age (*SD*)	40.85 (14.90)	32.17 (11.93)	28.93 (10.08)	32.09 (12.47)
Sex assigned at birth, *n* (%)				
Female	0 (0.0)	126 (100.0)	225 (82.4)	351 (70.8)
Male	93 (95.9)	0 (0.0)	45 (16.5)	138 (27.8)
Other[a]	4 (4.1)	0 (0.0)	3 (1.1)	7 (1.4)
Sexual identity, *n* (%)				
Asexual	4 (4.1)	9 (7.1)	29 (10.6)	42 (8.5)
Bisexual	16 (16.5)	17 (13.5)	27 (9.9)	60 (12.1)
Gay/Lesbian	25 (25.8)	18 (14.3)	28 (10.3)	71 (14.3)
Heterosexual	6 (6.2)	18 (14.3)	4 (1.5)	28 (5.7)
Pansexual	27 (27.8)	18 (14.3)	57 (20.9)	102 (20.6)
Queer	4 (4.1)	42 (33.3)	111 (40.7)	157 (31.7)
Other	14 (14.4)	4 (3.2)	17 (6.2)	35 (7.1)
Race/ethnicity, *n* (%)				
American Indian/Alaskan Native	1 (1.0)	1 (0.8)	2 (0.7)	4 (0.8)
Asian/Asian American	1 (1.0)	2 (1.6)	4 (1.5)	7 (1.4)
Biracial/Multiracial	17 (17.5)	15 (11.9)	35 (12.8)	67 (13.5)
Black/African American	0 (0.0)	5 (4.0)	6 (2.2)	11 (2.2)
Hispanic/Latinx	2 (2.1)	5 (4.0)	2 (0.7)	9 (1.8)
White/Caucasian	75 (77.3)	97 (77.0)	222 (81.3)	394 (79.4)
Other	1 (1.0)	1 (0.8)	2 (0.7)	4 (0.8)
Education level, *n* (%)				
Did not complete High school	3 (3.1)	3 (2.4)	2 (0.7)	8 (1.6)
High School or Graduate Equivalency Degree	12 (12.4)	14 (11.1)	14 (5.1)	40 (8.1)
Some college, no degree	38 (39.2)	22 (17.5)	65 (23.8)	125 (25.3)
College degree	30 (30.9)	50 (39.7)	108 (39.8)	188 (11.52)
Graduate degree or professional school	10 (10.3)	24 (27.0)	71 (26.0)	115 (23.2)
Other	4 (4.1)	3 (2.4)	12 (4.4)	19 (3.8)
Likely alcohol use disorder, *n* (%)[b]	12 (12.4)	22 (17.5)	38 (13.9)	72 (14.5)

[a]Participants' free responses indicated that individuals who selected other had an intersex condition.
[b]Participants whose AUDIT score was above 8.
AUDIT, Alcohol Use Disorders Identification Test; *SD*, standard deviation.

their perceived frequency of discrimination during the past 6 months.[37] The scale contains nine items with responses ranging from 1 (*never*) to 5 (*everyday*), with items summed to create a scale score. While not developed specifically to measure the discrimination experiences of TGD individuals, the EDS has frequently been used with samples of TGD individuals for such purpose and shown to have high internal consistency (α between 0.91 and 0.94).[38–40] In this study, the scale showed high internal consistency ($\alpha = 0.90$).

Coping. The Brief Coping Orientation to Problems Experienced (COPE) was used to assess participants' engagements with coping strategies.[41] The scale contains 28 items and responses are recorded on a 4-point scale from 1 (*never*) to 4 (*I did this a lot*), with items averaged to create subscale scores. When the Brief COPE has been used with samples of diverse individuals, including TGD, researchers have noted that the published factor structure may not fit with participants' experiences.[42–44] Accordingly, subscale structures were developed, which reflected the unique coping profiles of the current participants.[45] Full description of subscale development can be found in the Results section. The Brief COPE items demonstrated high internal consistency in this study ($\alpha = 0.81$).

Alcohol use. Alcohol use was assessed using the Alcohol Use Disorders Identification Test (AUDIT).[46] The scale contains 10 questions that assess rates of alcohol consumption and negative behavioral outcomes. Responses are rated on various scales between the range 0–5 (items 1 and 2) or 0–4 (items 3–10). Scale items are summed, with scores of 8 or higher indicating alcohol use disorder.[47] For descriptive purposes, participants' scores were then converted into a dichotomous variable with scores below 8 coded as 0 and scores above 8 coded as 1. For the mediation analysis, however, the continuous AUDIT total score was used. The scale showed high internal consistency ($\alpha = 0.84$) in this study.

Data analysis

Data were analyzed with SPSS version 26 and with R and the statistical package lavaan.[48] After screening data for assumptions of a mediation test, an exploratory factor analysis (EFA) was conducted on the items comprising the Brief COPE followed by a confirmatory factor analysis (CFA) to ensure fit with the data. Overall fit for CFA was assessed by Comparative Fit Index (CFI > 0.90) and the root-mean square error of approximation (RMSEA < 0.10) with its 90% confidence interval (CI).[49–51] Next, group mean differences for the variables included in the mediation (EDS, coping subscales, and AUDIT) were examined by analysis of variance (ANOVA).

Multiple mediation analyses with bootstrapping were then conducted to examine whether distinct coping strategies mediated the relation between discrimination and alcohol use. For this analysis, the PROCESS macro model 4 was used to conduct multiple mediation analyses with 5000 bootstrapping resamples to produce 95% CIs to calculate indirect effects.[52,53] EDS was entered as the predictor, with significant coping subscales entered as mediators, and AUDIT as the outcome. The PROCESS model 4 estimated indirect effects from EDS to AUDIT for each significant coping strategy entered into the model. The PROCESS macro mediation is significant (at the 0.05 level) when the CI does not contain zero.[53]

Results

Data screen

No participant exceeded 20% of missing data in rows; when evaluating missing data per item, it was revealed that item 17, "I looked for something good in the stress I was experiencing," of the Brief COPE was missing more than 15% of responses so the entire item was removed.[54] The data were assessed for multivariate outliers using Mahalanobis distances resulting in the removal of two participants. This left a final sample size of 496. There was mild positive skewness and kurtosis observed in AUDIT scores (skewness value of 1.52 and kurtosis value of 2.12); however, this is common with measures of alcohol consumption and did not rise to the level of significance.[55] Missing values in all scales did not exceed 2%, were distributed randomly across measures and cases, and were addressed with regression imputation.

Factor structure of Brief COPE

As noted in the Measures section, the published factor structure of the Brief COPE is likely not to fit the experiences of TGD individuals and requires modification.[42] Accordingly, an EFA was conducted on the items comprising the Brief COPE followed by CFA. Only items with a factor loading of 0.5 or greater were retained.[56] A four-factor solution was determined from inspection of eigenvalues, scree plot, and

theoretical interpretation. This resulted in twelve items with either low factor loadings or which did not load onto the factors to be dropped.

Factor one, interpreted as active coping, and factor three, interpreted as interpersonal coping, represented facilitative coping strategies. Factor two, interpreted as a cognitive avoidance coping, and factor four, interpreted as substance use to cope, reflected avoidant coping strategies. The items comprising these factors, their loadings, and their reliability scores can be found in Table 2. Results from the CFA indicated that the four-factor solution fit the data at adequate levels, $\chi^2(84) = 368.82$, $p < 0.001$, CFI = 0.91 RMSEA = 0.08 (90% CI: 0.08–0.09) and the average score of items of each factor were utilized in subsequent tests.

Descriptive statistics

The average scores across variable measures can be found in Table 3. To understand if participants' scores for coping strategies and alcohol use differed across TGD gender identity groups, participants were split by gender identity (i.e., trans women, trans men, and nonbinary). ANOVAs were then conducted to test for differences across gender for all variables. Contrary to the expectation that there would be significant differences across gender regarding alcohol use and coping strategies, no significant difference in any variable was found. Considering the nonsignificant differences between gender, all subsequent analyses were conducted with the entire sample.

Table 2. Exploratory Factor Analysis of the Brief Coping Orientation to Problems Experienced

Coping subscales	Factor loadings
Active coping ($\alpha = 0.81$)	
I concentrated my efforts on doing something about the stress in my life	0.735
I took action to try to make the situation better	0.666
I tried to see things in a different light, to make it seem more positive	0.538
I tried to come up with a strategy about what to do	0.723
I thought hard about what steps to take	0.621
Interpersonal coping ($\alpha = 0.81$)	
I got help and advice from other people	−0.772
I received comfort and understanding from someone	−0.739
I expressed my negative feelings	−0.582
I tried to get advice or help from other people about what to do	−0.805
Cognitive avoidance coping ($\alpha = 0.81$)	
I gave up trying to deal with my stress	0.733
I criticized myself	0.683
I gave up attempting to cope	0.722
I blamed myself for things in my life	0.721
Substance use to cope ($\alpha = 0.95$)	
I used alcohol or other drugs to make myself feel better	−0.982
I used alcohol or other drugs to help me get through	−0.975

Among the relations between coping and EDS, the cognitive avoidant strategy had a small to medium effect size ($r = 0.38$), while all others were in the small range (r between 0.09 and 0.18). In addition, our participants endorsed low levels of alcohol use with the average AUDIT score being 4.09 ($SD = 4.34$) out of a possible score of 40 and only 14.5% of the total sample likely to meet criteria for alcohol use disorder (Table 1).

Mediation of the relation between discrimination and alcohol use

All four coping strategies were significantly related to EDS; however, active and cognitive avoidance coping were not significantly related to AUDIT (Table 4). As such, only interpersonal coping and substance use to cope were included in the mediation analysis. Table 5 displays the direct and indirect path estimates and CIs for mediation analysis. The direct paths from EDS to interpersonal and substance use to cope were positive and significant, b between 0.02 and 0.03, $p < 0.001$.

The total effects, $b = 0.07$, $p < 0.01$, path from EDS to AUDIT was significant and the direct path, $b = 0.01$, $p = 0.729$, was not significant. Of the indirect paths from the coping strategies to AUDIT, only the substance use to cope path was significant ($b = 2.34$, $p < 0.001$). The standardized bootstrapped indirect association of this path was 0.10 (bootstrap 95% CI: 0.05–0.16), which indicates that substance use to cope fully mediates the relation between EDS and AUDIT.

Discussion

The motivational model of alcohol use indicates that there is a relation between chronic stress and alcohol use, and that this relation is mediated by substance use to cope.[6] Considering that TGD individuals frequently experience chronic gender-related stress in the form of discrimination, this study applied the motivational model of alcohol use to the experience of TGD individuals. Specifically, this study tested a mediation model of coping strategies to understand which coping strategies may mediate the relation between discrimination and alcohol use for TGD individuals.

Table 3. Significant Differences in Mediation Variables Across Gender

	Trans women ($n=97$), *M* (*SD*)	Trans men ($n=126$), *M* (*SD*)	Nonbinary ($n=273$), *M* (*SD*)	Total ($N=496$) *M* (*SD*)	*F* (2, 493)	*p*
Independent variable						
EDS	11.32 (8.00)	10.17 (7.70)	10.66 (7.11)	10.67 (7.43)	0.65	ns
Mediators						
Active	2.73 (0.72)	2.75 (0.68)	2.65 (0.69)	2.69 (0.69)	0.93	ns
Interpersonal	2.66 (0.74)	2.62 (0.77)	2.74 (0.78)	2.69 (0.77)	1.15	ns
Cognitive avoidance	2.44 (0.91)	2.42 (0.82)	2.40 (0.79)	2.41 (0.82)	0.09	ns
Substance use	1.75 (1.03)	1.94 (1.17)	1.86 (1.08)	1.86 (1.08)	0.83	ns
Dependent variable						
AUDIT	3.81 (3.89)	4.11 (4.96)	4.17 (4.19)	4.09 (4.34)	0.25	ns

EDS, Everyday Discrimination Scale; *M*, mean; ns, nonsignificant.

Coping

In support of the motivational model of alcohol use model, participants in this study, who experienced more frequent discrimination, were more likely to have increased alcohol use. Further participants' experiences with discrimination were positively related to all four coping strategies, supporting prior research, which noted that as individuals experience greater amounts of discrimination, they may engage in more coping responses.[26] The strongest relation between coping strategies and EDS was found for cognitive avoidance, indicating that TGD individuals likely respond to experiences of discrimination with coping strategies that have been shown to decrease their psychological well-being.[26,42]

The motivational model of alcohol use also indicates that coping strategies, particularly substance use to cope, can mediate the effects of chronic stress on alcohol use.[6] As such, it was expected that avoidant coping would positively mediate the relation between discrimination and alcohol use and facilitative coping would negatively mediate the relation. While substance use to cope positively mediated the relation, supporting the findings of previous studies, the cognitive avoidance strategy was not significantly related to alcohol use.[15,27–29] This finding indicates that, although avoidance strategies have been linked to other indicators of psychological distress (e.g., anxiety and depression), the effects of cognitive avoidance on behavioral outcomes are not as clear.[19,26] Thus, future research into how cognitive avoidance affects other behavioral outcomes for TGD individuals is needed.

Contrary to our hypothesis, neither of the facilitative coping strategies (i.e., active or interpersonal) was negatively related to alcohol use. These findings indicate that it may be the absence of avoidant coping strategies that reduces alcohol use. Individuals who avoid dealing with experiences of discrimination may engage in an "ironic process" where the more they avoid the distress, the more they will ruminate on what happened.[19,57] Thus, engaging in facilitative coping may serve as a protection against alcohol use as this form of coping addresses the distress, taking away the motivation to use alcohol to cope.

Table 4. Correlations Between Mediation Variables

Variable		(1)	(2)	(3)	(4)	(5)	(6)
(1)	EDS	—					
(2)	Active	0.09[a]	—				
(3)	Interpersonal	0.16[b]	0.46[b]	—			
(4)	Cognitive avoidance	0.38[b]	−0.06	0.06	—		
(5)	Substances	0.18[b]	0.15[b]	0.16[b]	0.28[b]	—	
(6)	AUDIT	0.12[b]	0.08	0.10[a]	0.08	0.59[b]	—

[a]$p<0.05$.
[b]$p<0.01$.

Table 5. Multiple Mediation Estimates for Alcohol Use Disorders Identification Test

	Unstandardized direct effects		
Direct effects	***b***	***t***	***p***
EDS > Interpersonal	0.02	3.48	<0.001
EDS > Substances	0.03	4.05	<0.001
Interpersonal > AUDIT	0.60	0.27	ns
Substances > AUDIT	2.34	15.74	<0.001
EDS > AUDIT	0.01	0.35	ns
	Standardized indirect effects		
	95% Confidence interval		
Total indirect effects	***b***	**Lower**	**Upper**
Detach	0.00	−0.01	0.01
Substances	0.10	0.05	0.16

b represents beta; *t* represents *t*-test value.

Alcohol use behaviors across TGD identity

Prior research indicates a possible difference in utilization of substance use to cope between TGD gender identities; however, in this sample, nonsignificant differences in rates of substance use to cope were found.[30,36] In addition, there were nonsignificant differences in rates of alcohol use between participant gender identities. These nonsignificant findings support the prior results of Lindley et al. and indicate that TGD individuals engage in alcohol use behaviors similarly.[31]

Strengths/limitations

This study extends our current understanding of the mediating role of coping on the relation between perceived discrimination and problematic alcohol use by being the first to test multiple strategies of coping in a mediation analysis of discrimination and alcohol use. While the study was able to illuminate which types of coping predict alcohol use, it is not without limitations. The study utilized a convenience sample of online participants, which likely contributed to the overrepresentation of White participants and results should be interpreted considering this limitation.[58] Specifically, studies have indicated the ways in which TGD individuals utilize coping can differ by racial identity, and the results may not apply to all TGD individuals.[59]

In addition, the findings may not generalize to TGD individuals with high levels of alcohol consumption due to the low representation of individuals with elevated consumption in this sample. Thus, it may be important to replicate these findings within a sample of TGD individuals who endorse diverse racial identities or have high levels of alcohol use.

The study also utilized a secondary analysis of data collected among a larger sample of sexual and gender minority individuals and the measures were chosen to fit the experiences of both sexual minority and TGD individuals. As a result, the measure of discrimination was not specific to the types of discrimination TGD individuals are likely to experience and may be underreporting the extent to which TGD individuals confront discrimination. In addition, while the Brief COPE does capture substance use to cope, there are other measures of drinking to cope, which may more accurately capture this coping strategy (e.g., the Drinking Motives Questionnaire).[60] It will be important to replicate the current findings with more comprehensive measures of discrimination and coping.

Finally, the data used in this study were cross-sectional, which limits interpretations of causality. Although this study improved our understanding of which aspects of coping are related to problematic alcohol use, the directionality of these interactions cannot be surmised. Thus, it remains unclear if alcohol use drives substance use to cope or if substance use to cope causes increased alcohol consumption. Future longitudinal research into the content of the relation between substance use to cope and alcohol use would be beneficial.

Conclusions

This study represents the first application of the motivational model of alcohol use to the experiences of TGD individuals. Unlike prior studies with TGD samples, this study examined how substance use to cope compared to other coping responses in explaining the relation between discrimination and alcohol use. The overall findings of this study indicate that interventions should aim to reduce substance use to cope in response to experiences with discrimination. While previous studies had suggested that helping TGD individuals engage in more social support could reduce their reliance on avoidant coping, the current findings indicate that the type of social support matters as engaging in interpersonal coping, such as venting frustrations and asking for guidance, was not found to significantly relate to alcohol use.[31]

Individuals who engage in drinking to cope may similarly surround themselves with others who utilize this avoidant strategy, and thus, their social support may not be as effective.[61] Instead, it may be important to encourage TGD individuals to engage in social support, which builds community, such as finding a TGD mentor who can help with experiences of discrimination.[62] As such, engagement with LGBTQ focused alcohol support groups may be especially important as individuals within these spaces can seek out mentorship and social support from others who have similar experiences with adaptive coping responses to discrimination.[63]

Availability of Data and Material

The authors have not deposited the data in a publicly accessible data base.

Authors' Contributions

The first author contributed conceptualization, formal analysis, methodology, and writing of the original

and subsequent drafts. The second author contributed data curations, methodology, project administration, supervision, and reviewing and editing drafts.

Author Disclosure Statement

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Abbreviations Used

ANOVA = analysis of variance
AUDIT = Alcohol Use Disorders Identification Test
CFA = confirmatory factor analysis
CFI = Comparative Fit Index
CI = confidence interval
COPE = Coping Orientation to Problems Experienced
EDS = Everyday Discrimination Scale
EFA = exploratory factor analysis
M = mean
ns = nonsignificant
RMSEA = root-mean square error of approximation
SD = standard deviation
TGD = transgender and gender diverse